

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 15 | 3501 |
| FORMALITY REVIEW | pl | 1000 | 3-12-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | |
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| Claim | Date |
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BEST AVAILABLE COPY

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)